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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/550,493			ling Date 26/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR			NUMBER FI	.ED N	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A]	N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A]	N/A]	N/A	
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))			N/A		N/A]	N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		mir	us 20 = *		1	x \$ =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	inus 3 = *		1	x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE s	heets of pap s \$250 (\$125 dditional 50	rings exceed 100 dion size fee due by) for each dion thereof. See 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	03/30/2010	CLAIMS REMAINING AFTER AMENDME		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 15	Minus	 20	= 0	1	x \$ =		OR	X \$52=	0
	Independent (37 CFR 1,16(h))	• 4	Minus	3	= 1]	x \$ =		OR	X \$220=	220
ΜĒ	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	220
(Column 1) (Column 2) (Column 3)											
L		CLAIMS REMAININ AFTER AMENDME	IG	HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z.	Total (37 CFR 1,16(i))	•	Minus		=]	x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1,16(h))	٠	Minus	**	=]	x \$ =		OR	x s =	
Ш	Application Size Fee (37 CFR 1.16(s))]]		
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						TOTAL		OR		
								·	OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to the 12 minutes to complete, encuding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.